

02/15/01

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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	GR 95 P 2133
First Named Inventor	Holger Sedlak
Original Patent Number	6,166,952
Original Patent Issue Date (Month/Day/Year)	12/26/2000
Express Mail Label No.	EL608558573US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/50)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?

☒ Yes ☐ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender
☒ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☒ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other:

15. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label: 24131 or ☐ Correspondence address below

(Insert Customer No. or attach Bar code label from)

Name

Lerner and Greenberg, P.A.

Address

P.O. Box 2480

City

Hollywood

State

FL

Zip Code

33022

Country

Telephone

954 925-1100

Fax

954 925-1101

NAME (Print/Type)

Lawrence A. Greenberg

Registration No. (Attorney/Agent)

29 308

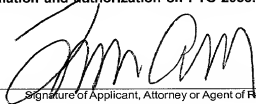
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number(Optional) GR 95 P 2133	
Claims as Filed - Part 1							
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ _____ =	or	x \$ 18 =	0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =		x \$ 80 =	0
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 710
Total Filing Fee \$ _____						OR	\$ 710
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	***** =	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____						OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>							
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>12-1099</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>710.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>							
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>							
<p>February 14, 2001 Date</p>				<p> Signature of Applicant, Attorney or Agent of Record</p>			
<p>LAURENCE A. GREENBERG REG. NO. 29,308</p>				<p>Laurence A. Greenberg Typed or printed name</p>			